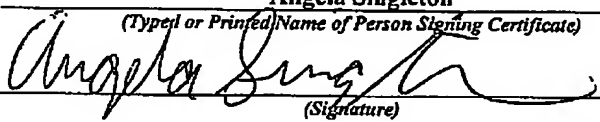
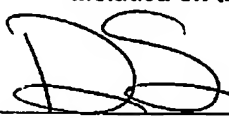
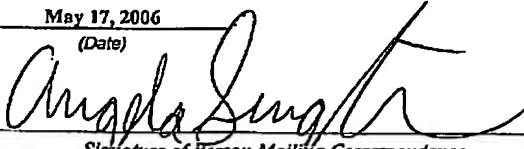
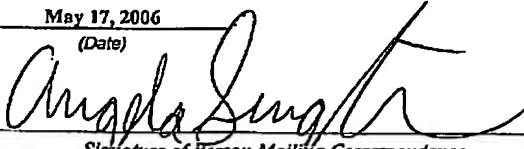
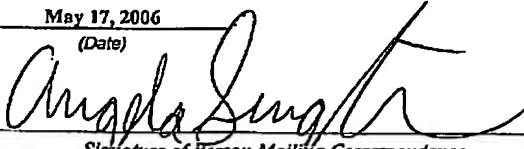


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. GP-303337	
Applicant(s): Namduri et al.				
Application No. 10/691,091	Filing Date October 22, 2003	Examiner Christopher P. Schwartz	Group Art Unit 3683	
Invention: MAGNETORHEOLOGICAL FLUID DAMPER			RECEIVED CENTRAL FAX CENTER MAY 17 2006	
I hereby certify that this <u>RCE Transmittal (1 pg), Amendment Transmittal (1 pg) & Amendment (13 pgs)</u> (Identify type of correspondence) is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571-273-8300</u>) on <u>May 17, 2006</u> (Date)				
<div style="text-align: center;"><u>Angela Singleton</u> (Type or Printed Name of Person Signing Certificate)  (Signature)</div>				
Note: Each paper must have its own certificate of mailing.				

P18/REV02

MAY 17 2006

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. GP-303337													
Applicant(s): Namduri et al.																		
Application No. 10/691,091	Filing Date October 22, 2003	Examiner C.P. Schwartz	Customer No. 23413	Group Art Unit 3683	Confirmation No. 4786													
Invention: MAGNETORHEOLOGICAL FLUID DAMPER																		
COMMISSIONER FOR PATENTS:																		
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.																		
CLAIMS AS AMENDED																		
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE													
TOTAL CLAIMS	22 -	23 =	0	x \$50.00	\$0.00													
INDEP. CLAIMS	4 -	5 =	0	x \$200.00	\$0.00													
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00													
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00													
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 06-1130 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.																		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.																		
 _____ <i>Signature</i>			Dated: May 17, 2006															
Dean Y. Shabriari Registration No. 56,783 Customer No. 23413 Telephone: 404-607-9991			<table border="1"> <tr> <td colspan="2">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</td> </tr> <tr> <td>May 17, 2006</td> <td>(Date)</td> </tr> <tr> <td colspan="2"></td> </tr> <tr> <td colspan="2">Signature of Person Mailing Correspondence</td> </tr> <tr> <td colspan="2">Via Facsimile by Angela Singleton</td> </tr> <tr> <td colspan="2">Typed or Printed Name of Person Mailing Correspondence</td> </tr> </table>				I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on		May 17, 2006	(Date)			Signature of Person Mailing Correspondence		Via Facsimile by Angela Singleton		Typed or Printed Name of Person Mailing Correspondence	
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P11LARGE/REV09